

195731, 195737, 195733, 195734, 195735, 195736

# INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

## NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

State Form 44593 (R2 / 8-99)

I. TYPE OF NOTIFICATION (check one):		Original _____	Revised * <input checked="" type="checkbox"/> X	Canceled _____	RECEIVED _____
		* Must include copy of notification which is being revised <u>State of Indiana</u>			
II. FACILITY INFORMATION (identify owner, removal contractor, demolition contractor, inspector, and project designer)					
Owner: <u>City of richmond</u>				FEB 15 2016	
Address: <u>50 north 5th st</u>				Dept of Environmental Management State of Indiana	
City: <u>richmond</u>		State: <u>in</u>		Zip: _____	
Contact: <u>ashley schultz</u>		Telephone #: <u>7659837343</u>			
<input checked="" type="checkbox"/> Removal Contractor: <u>Donathan's inspections</u> Address: <u>3504 n. linden st</u> City: <u>muncie</u> State: <u>in</u> Zip: <u>47304</u> Contact: <u>robert</u> Phone: <u>7656311765</u> IN License #: <u>19a003400</u> Expiration: <u>10/14/16</u>		Demolition Contractor: _____ Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Phone: _____			
<input checked="" type="checkbox"/> Inspector: <u>ryan orzechowicz</u> Address: <u>3410 mishawaka ave</u> City: <u>south bend</u> State: <u>in</u> Zip: <u>46615</u> IN License #: <u>19a7001542</u> Expiration: <u>1/07/16</u> Phone: _____		(Required for asbestos projects at schools K - 12) Project Designer: _____ Address: _____ City: _____ State: _____ Zip: _____ IN License #: _____ Expiration: _____ Phone: _____			
III. TYPE OF OPERATION (check one)					
Intentional Burning: _____		Renovation: <input checked="" type="checkbox"/> X		Emergency Renovation: _____	
		Demolition: _____		Ordered Demolition: _____	
IV. IS ASBESTOS PRESENT? (check one) YES: <input checked="" type="checkbox"/> X NO: _____					
V. PROCEDURES, INCLUDING ANALYTICAL METHODS, IF APPROPRIATE, USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIAL <u>bulk sampling, samples read by accredited lab, visual inspection by licensed inspector</u>					
VI. APPROXIMATE AMOUNT OF ASBESTOS (Including Regulated ACM, Category I non-friable Category II non-friable ACM)					
	Regulated ACM to be removed	Non-friable Asbestos Material To be removed		Non-friable Asbestos Material Not to be removed before demolition	
		Category I	Category II	Category I	Category II
Pipes (LnFt)	175				
Surface Area (SqFt)	3556 debris		7000 transite		
Total Volume (CuFt) on/off Components	500ft ductwork				
VII. SCHEDULED DATES OF ASBESTOS STRIPPING/REMOVAL: Start: <u>2/17/16</u> End: <u>3/1/16</u>					
VIII. SCHEDULED DATES OF RENOVATION: Start: _____ End: _____ DEMOLITION: Start: _____ End: _____					
IX. FACILITY DESCRIPTION (Including building name, floor, and room number)					
Building Name: <u>residence</u>					
Street Address: <u>24 s 13th st, 926 s. 11th st, 301 n. 21st st, 903 sheridan st, 439 s. 11th st, 229 s. 10th st.</u>					
City: <u>richmond</u>		State: <u>in</u>		County: <u>wayne</u>	
Location of removal within building: <u>basement area</u>					
Building Size (SqFt): <u>3556</u>		# of Floors: <u>2</u>		Age: <u>unkn</u>	
Present Use: <u>vacant</u>				Prior use: <u>residence</u>	

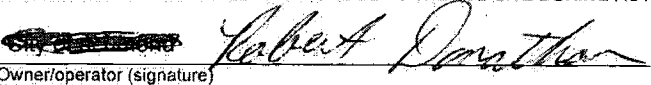
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page 1 of 2

CST 23652

Andrea James


X.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIALS REMOVED  <u>the building is set for demolition the demolition contractors have filed there own notifications</u> <hr/> <hr/> <hr/>		
XI.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE SITE; INCLUDING ASBESTOS STRIPPING, REMOVAL AND WASTE HANDLING PROCEDURES TO PREVENT NON-FRIABLE ASBESTOS MATERIAL FROM BECOMING FRIABLE IN THE COURSE OF THE PROJECT:  <u>area will be set up as a neg pressure enclosed containment removal will be done using wet methods,all waste</u> <hr/> <u>will be double bagged using 6mil bags generator labels will be placed on bags bags will be stored in locked area</u> <hr/> <u>waste will be disposed of at a landfill approved by idem,all removal will be done by licensed indiana asbestos</u> <hr/> <u>supervisors and workers,all work will comply with local,state,federal regulations</u> <hr/>		
XII.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED POWDER:  <u>all work will cease and any suspect materials will be tested for asbestos containing materials by a licensed indiana</u> <hr/> <u>asbestos inspector and if any materials has to be removed it will be done by a licensed indiana asbestos contractor</u> <hr/> <u>using licensed indiana asbestos supervisors and workers</u> <hr/>		
XIII.	WASTE TRANSPORTER Name: <u>Haynes landfill</u> Address: <u>3450 n. spiceland rd.</u> City: <u>newcastle</u> State: <u>in</u> Zip: <u>47362</u> Contact: <u>leon</u> Phone: <u>765-529-2337</u>	XIV.	WASTE DISPOSAL SITE Name: <u>Haynes landfill</u> Address: <u>3450 n. spiceland rd.</u> City: <u>newcastle</u> State: <u>in</u> Zip: <u>47362</u> Contact: <u>leon</u> Phone: <u>765-529-2337</u>
XV.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW AND ATTACH A COPY OF THE ORDER TO THIS FORM. IF THE FACILITY IS NOT INSPECTED PRIOR TO DEMOLITION, THE DEBRIS MUST BE KEPT ADEQUATELY WET. THE DEBRIS MUST THEN BE INSPECTED AFTER DEMOLITION OR ASSUME ALL DEBRIS TO BE CONTAMINATED WITH RACM AND DISPOSED OF APPROPRIATELY TO COMPLY WITH 326 IAC 14-10-1(b).  Name: _____ Title: _____ Date ordered to begin: _____ Authority: _____ Date of Order: _____		
XVI.	FOR EMERGENCY RENOVATIONS: _____ Date and time of emergency: _____  Description of sudden, unexpected event: _____ <hr/> Explanation of how the event caused unsafe conditions or would cause equipment damage: _____ <hr/>		
XVII.	I HEREBY CERTIFY THAT THE INFORMATION IN THIS NOTIFICATION IS CORRECT AND THAT I WILL ONLY USE INDIANA LICENSED WORKERS AND PROJECT SUPERVISORS, TO IMPLEMENT THIS ASBESTOS PROJECT, WHICH HAVE BEEN TRAINED IN 326IAC 14-10; 40 CFR PART 61, SUBPART M; AND, IF APPLICABLE, INDIANAPOLIS AIR POLLUTION CONTROL BOARD REGULATION 14. THE TRAINED INDIVIDUAL(S) ALONG WITH EVIDENCE THAT THE REQUIRED TRAINING WAS ACCOMPLISHED SHALL BE AVAILABLE AT THE JOB SITE DURING ACTUAL WORKING HOURS.  <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">             Owner/operator (signature)             Robert Donathan            Owner/operator (printed)         </div> <div style="width: 35%;">           2/11/16            date            asbestos contractor            affiliation         </div> </div>		
***** OFFICE USE ONLY *****			
POSTMARK:	RECEIVED:	REVIEWED BY: <u>CLC</u>	DEFICIENCIES: <u>0</u>

# INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

## NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

State Form 44593 (R2 / 8-99)

I. TYPE OF NOTIFICATION (check one):		Original <input checked="" type="checkbox"/> Revised * <input type="checkbox"/> Canceled <input type="checkbox"/> Courtesy <input type="checkbox"/>			
* Must include copy of notification which is being revised					
II. FACILITY INFORMATION (identify owner, removal contractor, demolition contractor, inspector, and project designer)					
Owner: <u>City of richmond</u>					
Address: <u>50 north 5th st</u>					
City: <u>richmond</u>		State: <u>in</u> Zip: <u></u>			
Contact: <u>ashley schultz</u>		Telephone #: <u>7659837343</u>			
Removal Contractor: <u>Donathan's inspections</u>		Demolition Contractor: <u></u>			
Address: <u>3504 n. linden st</u>		Address: <u></u>			
City: <u>muncie</u> State: <u>in</u> Zip: <u>47304</u>		City: <u></u> State: <u></u> Zip: <u></u>			
Contact: <u>robert</u> Phone: <u>7656311765</u>		Contact: <u></u> Phone: <u></u>			
IN License #: <u>19a003400</u> Expiration: <u>10/14/16</u>					
Inspector: <u>ryan orzechowicz</u>		(Required for asbestos projects at schools K - 12)			
Address: <u>3410 mishawaka ave</u>		Project Designer: <u></u>			
City: <u>south bend</u> State: <u>in</u> Zip: <u>46615</u>		Address: <u></u>			
IN License #: <u>19a7001542</u> Expiration: <u>1/07/16</u>		City: <u></u> State: <u></u> Zip: <u></u>			
Phone: <u></u>		IN License #: <u></u> Expiration: <u></u>			
Phone: <u></u>		Phone: <u></u>			
III. TYPE OF OPERATION (check one)					
Intentional Burning: <input type="checkbox"/>		Renovation: <input checked="" type="checkbox"/> Emergency Renovation: <input type="checkbox"/>			
		Demolition: <input type="checkbox"/> Ordered Demolition: <input type="checkbox"/>			
IV. IS ASBESTOS PRESENT? (check one) YES: <input checked="" type="checkbox"/> NO: <input type="checkbox"/>					
V. PROCEDURES, INCLUDING ANALYTICAL METHODS, IF APPROPRIATE, USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIAL <u>bulk sampling, samples read by accredited lab, visual inspection by licensed inspector</u>					
VI. APPROXIMATE AMOUNT OF ASBESTOS (Including Regulated ACM, Category I non-friable Category II non-friable ACM)					
	Regulated ACM to be removed	Non-friable Asbestos Material To be removed		Non-friable Asbestos Material Not to be removed before demolition	
		Category I	Category II	Category I	Category II
Pipes (LnFt)	100				
Surface Area (SqFt)	3556 debris				
Total Volume (CuFt)					
on/off Components					
VII. SCHEDULED DATES OF ASBESTOS STRIPPING/REMOVAL: Start: <u>2/15/16</u> End: <u>2/24/16</u>					
VIII. SCHEDULED DATES OF RENOVATION: Start: <u></u> End: <u></u> DEMOLITION: Start: <u></u> End: <u></u>					
IX. FACILITY DESCRIPTION (Including building name, floor, and room number)					
Building Name: <u>residence</u>					
Street Address: <u>24 s. 13th st.</u>					
City: <u>richmond</u>		State: <u>in</u>		County: <u>wayne</u>	
Location of removal within building: <u>basement area</u>					
Building Size (SqFt): <u>3556</u>		# of Floors: <u>2</u>		Age: <u>unkn</u>	
Present Use: <u>vacant</u>			Prior use: <u>residence</u>		

X.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIALS REMOVED  the building is set for demolition the demolition contractors have filed there own notifications  <hr/> <hr/> <hr/>
XI.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE SITE; INCLUDING ASBESTOS STRIPPING, REMOVAL AND WASTE HANDLING PROCEDURES TO PREVENT NON-FRIABLE ASBESTOS MATERIAL FROM BECOMING FRIABLE IN THE COURSE OF THE PROJECT:  area will be set up as a neg pressure enclosed containment removal will be done using wet methods, all waste  will be double bagged using 6mil bags generator labels will be placed on bags bags will be stored in locked area  waste will be disposed of at a landfill approved by idem, all removal will be done by licensed indiana asbestos  supervisors and workers, all work will comply with local, state, federal regulations
XII.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED POWDER:  all work will cease and any suspect materials will be tested for asbestos containing materials by a licensed indiana  asbestos inspector and if any materials has to be removed it will be done by a licensed indiana asbestos contractor  using licensed indiana asbestos supervisors and workers
XIII.	WASTE TRANSPORTER Name: <u>Haynes landfill</u> Address: <u>3450 n. spiceland rd.</u> City: <u>newcastle</u> State: <u>in</u> Zip: <u>47362</u> Contact: <u>leon</u> Phone: <u>765-529-2337</u>
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XVII.	I HEREBY CERTIFY THAT THE INFORMATION IN THIS NOTIFICATION IS CORRECT AND THAT I WILL ONLY USE INDIANA LICENSED WORKERS AND PROJECT SUPERVISORS, TO IMPLEMENT THIS ASBESTOS PROJECT, WHICH HAVE BEEN TRAINED IN 326IAC 14-10; 40 CFR PART 61, SUBPART M; AND, IF APPLICABLE, INDIANAPOLIS AIR POLLUTION CONTROL BOARD REGULATION 14. THE TRAINED INDIVIDUAL(S) ALONG WITH EVIDENCE THAT THE REQUIRED TRAINING WAS ACCOMPLISHED SHALL BE AVAILABLE AT THE JOB SITE DURING ACTUAL WORKING HOURS.  <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">             Owner/operator (signature)             Robert Donathan            Owner/operator (printed)         </div> <div style="width: 35%;">           2/1/16            date             asbestos contractor            affiliation         </div> </div>
***** OFFICE USE ONLY *****	
POSTMARK:	RECEIVED:
REVIEWED BY:	DEFICIENCIES:

# INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

## NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

195249

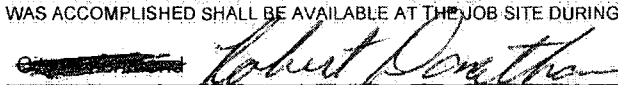
Emailed to GAF

State Form 44593 (R2 / 8-99)

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Contact: <u>ashley schultz</u> Telephone #: <u>7659837343</u>					
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<input checked="" type="checkbox"/> <b>Inspector:</b> <u>ryan orzechowicz</u> Address: <u>3410 mishawaka ave</u> City: <u>south bend</u> State: <u>in</u> Zip: <u>46615</u> IN License #: <u>19a7001542</u> Expiration: <u>1/07/16</u> Phone: _____		(Required for asbestos projects at schools K - 12) <b>Project Designer:</b> _____ Address: _____ City: _____ State: _____ Zip: _____ IN License #: _____ Expiration: _____ Phone: _____			
<b>III. TYPE OF OPERATION (check one)</b> Intentional Burning: _____ Renovation: <input checked="" type="checkbox"/> Emergency Renovation: _____ Demolition: _____ Ordered Demolition: _____					
<b>IV. IS ASBESTOS PRESENT? (check one)</b> YES: <input checked="" type="checkbox"/> NO: <input type="checkbox"/>					
<b>V. PROCEDURES, INCLUDING ANALYTICAL METHODS, IF APPROPRIATE, USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIAL</b> <u>bulk sampling, samples read by accredited lab, visual inspection by licensed inspector</u>					
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		Category I	Category II	Category I	Category II
Pipes (LnFt)	100				
Surface Area (SqFt)	3556 debris				
Total Volume (CuFt) on/off Components					
<b>VII. SCHEDULED DATES OF ASBESTOS STRIPPING/REMOVAL:</b> Start: <u>2/15/16</u> End: <u>2/24/16</u>					
<b>VIII. SCHEDULED DATES OF RENOVATION:</b> Start: _____ End: _____ <b>DEMOLITION:</b> Start: _____ End: _____					
<b>IX. FACILITY DESCRIPTION</b> (Including building name, floor, and room number)					
Building Name: <u>residence</u>					
Street Address: <u>24 s 13th st.</u>					
City: <u>richmond</u> State: <u>in</u> County: <u>wayne</u>					
Location of removal within building: <u>basement area</u>					
Building Size (SqFt): <u>3556</u> # of Floors: <u>2</u> Age: <u>unkn</u>					
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Andrea James

X.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIALS REMOVED  <u>the building is set for demolition the demolition contractors have filed there own notifications</u>    
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WASTE TRANSPORTER Name: <u>Haynes landfill</u> Address: <u>3450 n. spiceland rd.</u> City: <u>newcastle</u> State: <u>in</u> Zip: <u>47362</u> Contact: <u>leon</u> Phone: <u>765-529-2337</u>	WASTE DISPOSAL SITE Name: <u>Haynes landfill</u> Address: <u>3450 n. spiceland rd.</u> City: <u>newcastle</u> State: <u>in</u> Zip: <u>47362</u> Contact: <u>leon</u> Phone: <u>765-529-2337</u>
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XVII.	I HEREBY CERTIFY THAT THE INFORMATION IN THIS NOTIFICATION IS CORRECT AND THAT I WILL ONLY USE INDIANA LICENSED WORKERS AND PROJECT SUPERVISORS, TO IMPLEMENT THIS ASBESTOS PROJECT, WHICH HAVE BEEN TRAINED IN 326IAC 14-10; 40 CFR PART 61, SUBPART M; AND, IF APPLICABLE, INDIANAPOLIS AIR POLLUTION CONTROL BOARD REGULATION 14. THE TRAINED INDIVIDUAL(S) ALONG WITH EVIDENCE THAT THE REQUIRED TRAINING WAS ACCOMPLISHED SHALL BE AVAILABLE AT THE JOB SITE DURING ACTUAL WORKING HOURS.  <div style="display: flex; justify-content: space-between;"> <div>             Owner/operator (signature)            Robert Donathan            Owner/operator (printed)         </div> <div>           2/1/16            date            asbestos contractor            affiliation         </div> </div>
***** OFFICE USE ONLY *****	
POSTMARK: _____	RECEIVED: _____
REVIEWED BY: <u>AB</u>	DEFICIENCIES: <u>0</u>